


PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE - TIME GROUP 23/0555 EDT 23 Oct 69 23/0955Z | 2. LOCATION Vandalia, Ohio |
| 3. SOURCE Civilian | 10. CONCLUSION Probable Balloon |
| 4. NUMBER OF OBJECTS One (1) | |
| 5. LENGTH OF OBSERVATION 2 minutes | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted a brown ball about 8 ft in diameter that had a flashing light. The observer thought it was a plane until he noted its odd flight path and heard no sound. |
| 6. TYPE OF OBSERVATION Ground-Visual | COMMENTS: The description is similar to that of a weather balloon or garment bag hot air balloon. There are also numerous aircraft in the area. Note the observer is only 12 years old. |
| 7. COURSE W to NW | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

No apparent propulsion

from 332

| ROUTING AND TRANSMITTAL SLIP | | ACTION | |
|--|----------|---------------------|--|
| TO (Name, office symbol or location)  | INITIALS | CIRCULATE | |
| | DATE | COORDINATION | |
| | INITIALS | FILE | |
| | DATE | INFORMATION | |
| 3 | INITIALS | NOTE AND RETURN | |
| | DATE | PER CON - VERGATION | |
| 4 | INITIALS | SEE ME | |
| | DATE | SIGNATURE | |
| REMARKS | | | |
| <p>For Necessary action, See me Thank, Jh</p> | | | |
| Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions | | | |
| BY (Name, office symbol or location) | | DATE | |
| | | 29 JUL 69 | |

25 Oct 1969
New Mexico

COMMAND POST CONTROLLERS LOG

25 OCT 69

0000 LOG OPEN FOR NEW ZULU DAY.... SGT ADAMS ON DUTY....

0042Z GEN NYE ARRIVED AT THIS TIME. HE WAS MET BY COL SWAN. da

0100Z SSGT BROWN ON DUTY. SGT ADAMS OFF DUTY. hb

0101Z BASE COMMUNICATIONS CENTER REPORTS POWER OUTAGE AT TINKER AFB. KIRTLAND
CANNOT SEND OR RECEIVE. NOTIFIED AFSC COMMAND POST. hb

0110Z DET #1 INDIAN SPRINGS: COL BASS REPORTS A NELLIS F-4 DOWN NEAR NEVADA TEST
SITE. DET #1 IS LAUNCHING A HELICOPTER AT THIS TIME. NOTIFIED AFSC COMMAND
POST. hb

0203Z BASE COMMUNICATIONS CENTER IS NOW BACK IN COMMISSION. NOTIFIED AFSC COMMAND
POST. hb

0317Z HAVE EXPRESS COMM CHECK FROM THE AFSC COMMAND POST. LOUD AND CLEAR. hb

0329Z SGT SHANO FROM OKLA AIR FORCE STATION CALLED: REPORTED THAT [REDACTED]
[REDACTED] EMPLOYEES PICKED UP UFO ON
RADAR SCREEN AT WINK TEXAS AND FOLLOWED IT TO SALT FLATS N.MEX. THE DISTANCE
IS 95 MILES. THE SPEED OF THE UFO WAS 2500KTS. AT A POINT FIVE MILES SOUTH OF
SALT FLATS THE OBJECT STOPPED FOR FOUR SWEEPS OF THE RADAR SET THEN GREW SMALLER
AND FADED OUT. ALTITUDE IS UNKNOWN. THE RADAR SETS MAKE SIX REVOLUTIONS PER
MINUTE, MAKING SEVEN MILES EACH SWEEP. MR. ISHAM CONFIRMED THE REPORT.
NOTIFIED LT/COL ASHLAND, [REDACTED] AND AFSC COMMAND POST/FTD. MEANWHILE LT/COL ASHLAND
CONTACTED FAA CENTER (ABQ) AND WAS GIVEN ANOTHER UFO REPORT: AN UNIDENTIFIED
MAN CONTACTED THE ZUNI NMEX FLIGHT SERVICE STATION AND REPORTED SIGHTING A UFO
27 NM EAST OF ZUNI NMEX OMNI. UFO LOW TO SURFACE AND WAS FULL OF OSCILLATING
LIGHTS. UFO HAD NO VISIBLE SHAPE OR FORM. UFO COULD MOVE IN ANY DIRECTION
SLOW OR FAST. TIME OF SIGHTING: 25/0412Z. AT THIS TIME, THE FLIGHT SERVICE
EMPLOYEE, USING BINOCULARS WAS ABLE TO SEE WHITE OSCILLATING LIGHTS AT 10
DEGREES ABOVE HORIZON MOVING WEST. NO AIRCRAFT REPORTED IN AREA AT THIS TIME
NOTIFIED AFSC COMMAND POST/FTD. hb

0835Z HAVE EXPRESS COMM CHECK FROM THE AFSC COMMAND POST. LOUD AND CLEAR. hb

Duty Officer Rob

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH OCT YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 05 MINUTES 55 ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 05 MINUTES 57 ☐ A.M. ☐ P.M.

4. TIME/ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

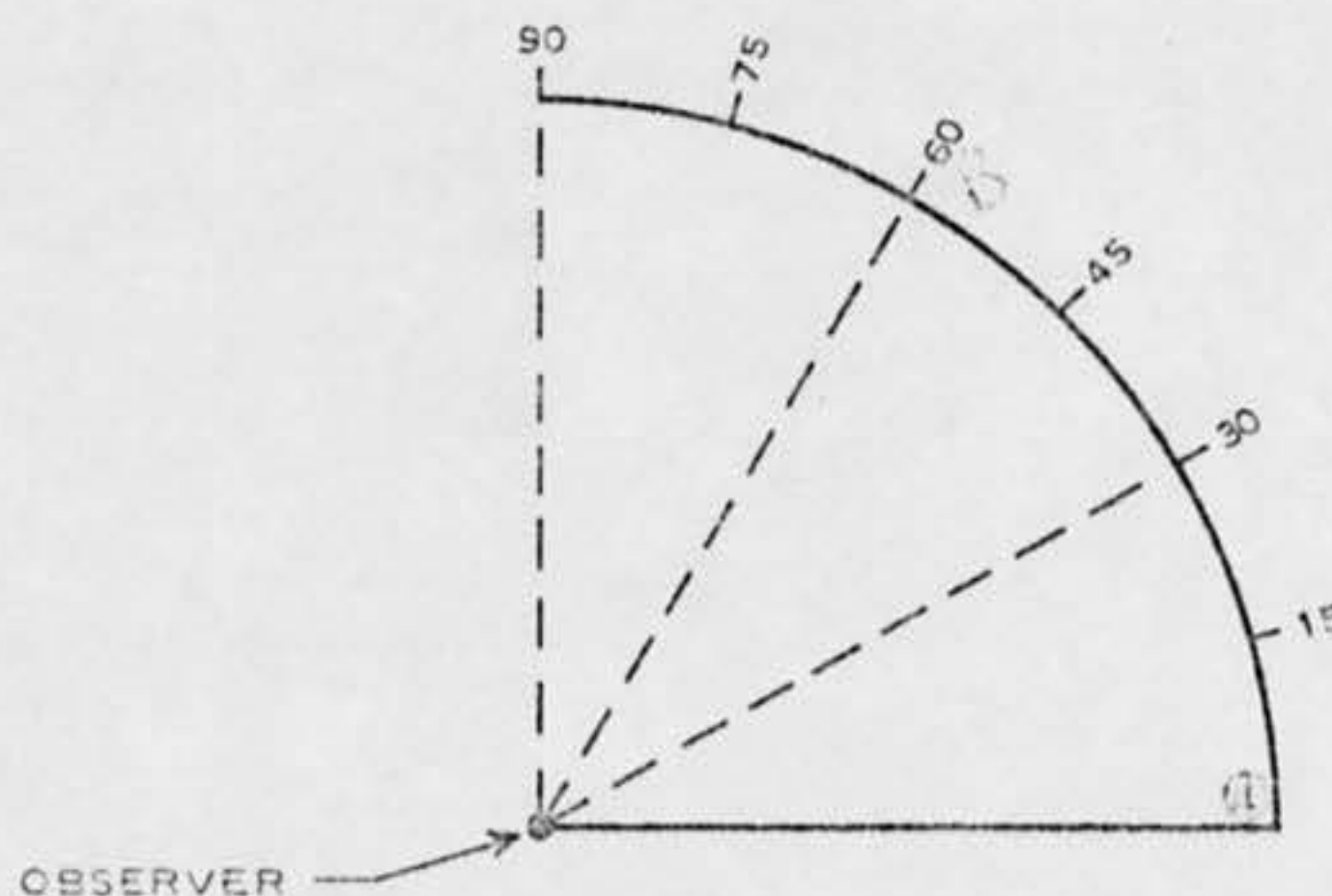
☐ MOUNTAIN

☐ PACIFIC

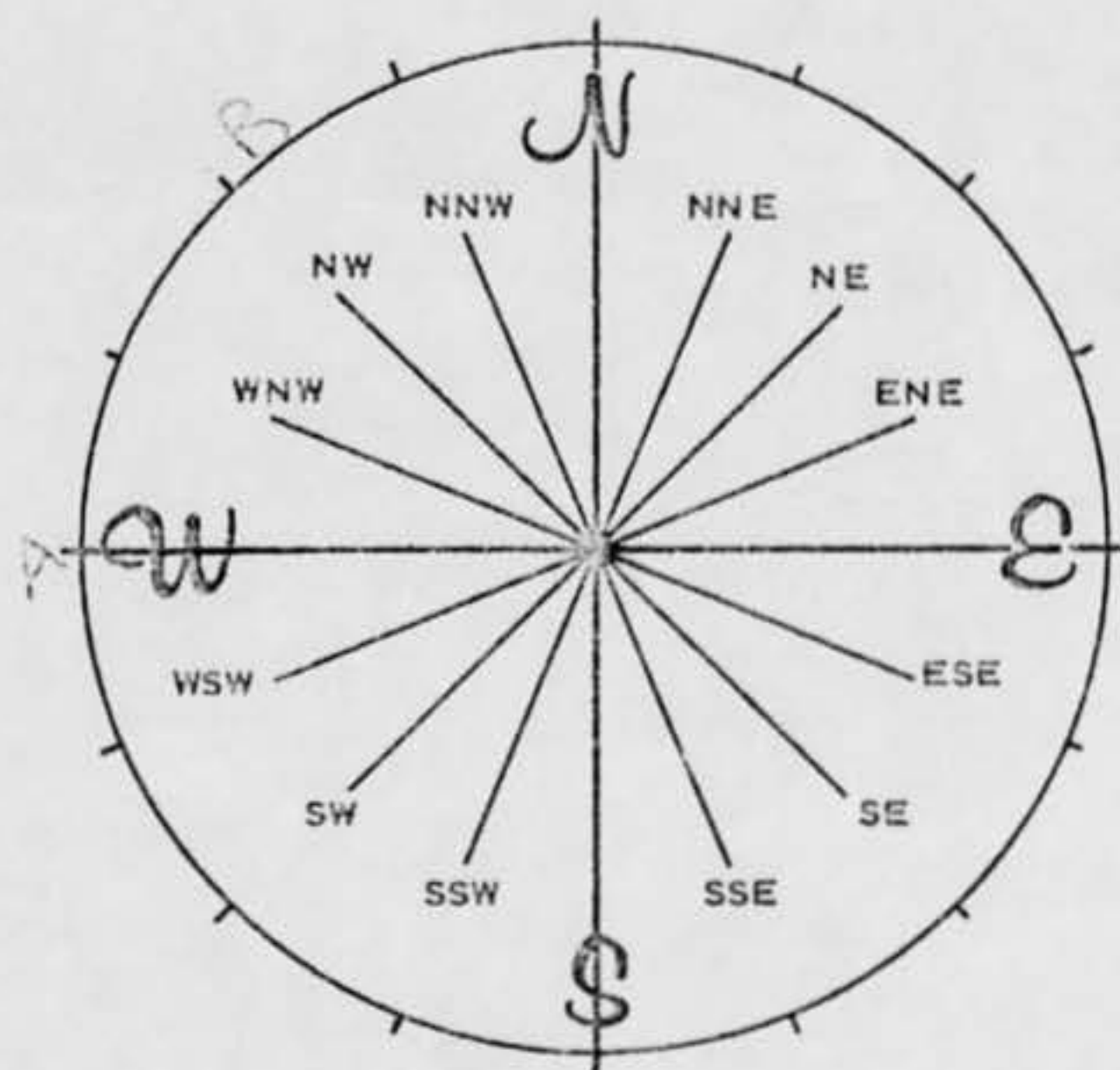
☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

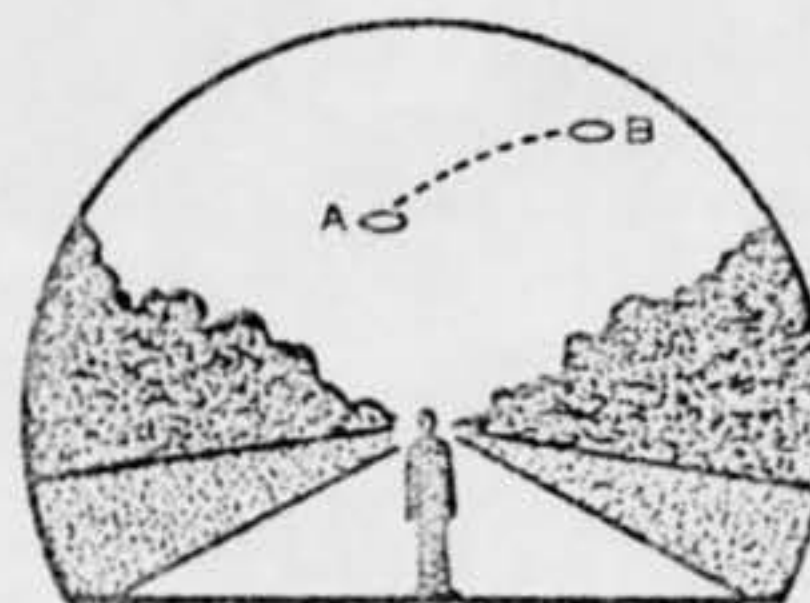
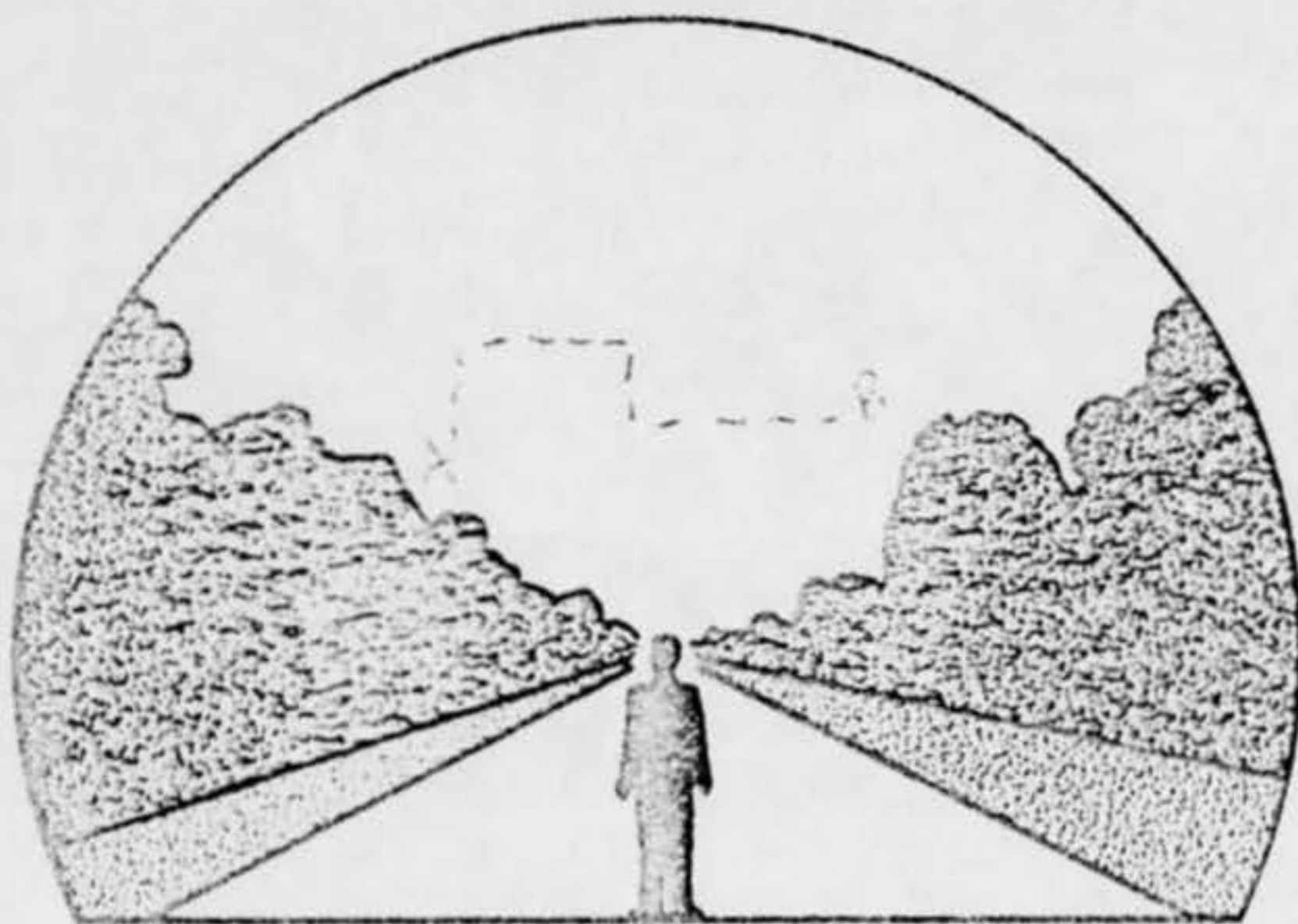
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|--|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS <input type="checkbox"/> IN BUILDING <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER | <input type="checkbox"/> IN BUSINESS SECTION OF CITY <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | 2 min | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? Estimate | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|-------------------------------------|---------------------|-------------------------------------|---|
| <input type="checkbox"/> | DAY | <input type="checkbox"/> | CUMULUS CLOUDS (Low fluffy) |
| <input type="checkbox"/> | TWILIGHT | <input type="checkbox"/> | CIRRUS CLOUDS (High fleecy or Herring-bone) |
| <input checked="" type="checkbox"/> | NIGHT | <input type="checkbox"/> | NIMBUS CLOUDS (Rain) |
| <input type="checkbox"/> | CLEAR | <input type="checkbox"/> | CUMULONIMBUS CLOUDS (Thunderstorms) |
| <input type="checkbox"/> | PARTLY CLOUDY | <input type="checkbox"/> | HAZE OR SMOG |
| <input type="checkbox"/> | COMPLETELY OVERCAST | <input type="checkbox"/> | FOG OR MIST |
| | | <input type="checkbox"/> | HEAVY RAIN |
| | | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| | | <input type="checkbox"/> | HAIL |
| | | <input type="checkbox"/> | SNOW OR SLEET |
| | | <input type="checkbox"/> | UNKNOWN |
| | | <input checked="" type="checkbox"/> | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NONE | BRIGHT MOONLIGHT |
| <input type="checkbox"/> | NO MOONLIGHT |
| A FEW | MOON WITH HALO |
| <input checked="" type="checkbox"/> | UNKNOWN |
| MANY | MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> | PARTIAL (New or quarter) |
| UNKNOWN | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

None

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Brown ball w/ flashing light about 8 ft diameter

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | ✓ | | |
| | STAND STILL AT ANYTIME? | ✓ | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | ✓ | |
| | BREAK UP IN PARTS AND EXPLODE? | | ✓ | |
| | CHANGE COLOR? | ✓ | | |
| | GIVE OFF SMOKE? | | ✓ | |
| | CHANGE BRIGHTNESS? | | ✓ | |
| | CHANGE SHAPE? | | ✓ | |
| | FLASH OR FLICKER? | ✓ | | |
| | DISAPPEAR AND REAPPEAR? | ✓ | | |
| | SPIN LIKE A TOP? | ✓ | | |
| | MAKE A NOISE? | | ✓ | |
| | FLUTTER OR WOBBLE? | | ✓ | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

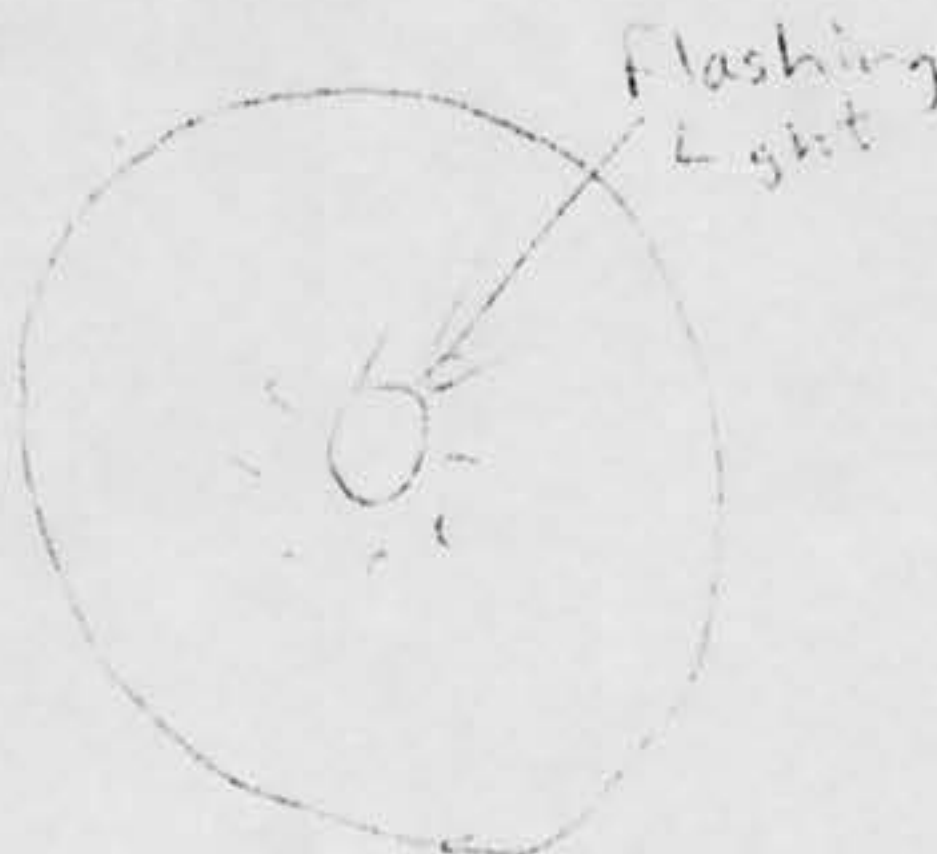
Thought it was a plane until odd flight path and
no sound was noticed

A. HOW DID IT FINALLY DISAPPEAR?

yes, the light went out

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

1/50 full

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|---------------|
| EYEGGLASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 25 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 2.5 mi

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

Like a satellite

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

AGE 45-50

[REDACTED]

[REDACTED]

AGE

12

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Delivery papers at the time

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 23 MONTH Oct YEAR 67

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 23 MONTH Oct YEAR 67